

STATE OF DELAWARE
EARLY AND PERIODIC SCREENING, DIAGNOSIS, TREATMENT (EPSDT)
MENTAL HEALTH AND SUBSTANCE ABUSE SCREEN

Child's Name _____ DOB _____

Date of Screen _____ Name of Screener _____

Title _____ Agency _____

Source of Information _____ Relationship to Child _____

The purpose of this screen is to identify children who may be in need of help with behavioral or emotional problems and/or who have risk factors associated with the development of behavioral or emotional problems. Not all children identified through this screen may require ongoing mental health treatment, however, if a child is identified, a referral for a more in-depth assessment may be made.

PART I

1. Is this screen being performed as part of the standard health screen (without specific problems being articulated?)

YES NO

If yes, skip to PART II.

If no, complete numbers 2 - 3 below before completing PART II.

2. Is this screen being performed because there is a mental health emergency? (Immediate danger to self/others due to suicidal/homicidal threats/gestures/attempts in response to mental illness or emotional disturbance)

YES NO

If yes, what is the emergency?

3. Is this screen being performed in response to someone in the child's environment who has expressed concern about her/his current mental health adjustment or because substance abuse is suspected?

YES NO

If yes, who expressed concern? _____

Relationship to the Child _____

What is the concern?

PART II - DIRECTIONS

Screeners should consider a child's age, developmental and intellectual level and overall functioning in identifying problems. Check the 2nd column if the problem has been observed within the last month. Check the 3rd column if the problem has ever been observed. Both columns can be checked or left blank.

CHILD'S PROBLEMS	In last month	Ever
1. Excessive irritability		
2. Overly sensitive to environment (noise, touch) which causes distress		
3. Excessive sadness, crying, withdrawal		
4. Excessive fears or worries, difficulty separating from parents, school refusal		
5. Recurrent intrusive thoughts or senseless repetitive behaviors, such as hand washing, lock checking, organizing objects		
6. Suicidal thoughts, threats, gestures or attempts		
7. Hallucinations (sees or hears things that aren't there), delusions (has strong beliefs which have no basis in reality)		
8. Difficulty in concentration		
9. Irregular or problematic sleep patterns		
10. Many nightmares		
11. Irregular or problematic eating/appetite patterns		
12. Problems in activity patterns (over-active or under-active)		
13. Injures self, e.g., cutting, head-banging		
14. Enuresis or Encopresis (wetting or soiling)		
15. Inability to give or receive appropriate affection to primary caregivers		
16. Inability to accept appropriate limits		
17. Easily angered or excessive anger or other strong emotion.		
18. Frequent, intense, uncontrollable temper tantrums		
19. Verbally threatening		
20. Physically violent		
21. Cruel to animals		
22. Willful destruction of property		
23. Fire setting		
24. Sexually preoccupied or inappropriate sexual activity		
25. Running away		
26. Suspected or confirmed abuse of alcohol or other drugs/substances		
27. Adolescent's pregnancy is/was related to behavioral/emotional difficulties		
28. Parenting (Youth is having trouble parenting his/her child(ren))		
29. Medical condition complicated by emotional disturbance or medical noncompliance		
30. Persistent unrealistic worry over physical health		
31. Problems in school/vocational activity (attendance, behavior, learning, performance)		
32. Suspected or confirmed victim of physical, sexual or emotional abuse		
33. Problems in interpersonal relationships (family and/or authority figures)		
34. Problems in interpersonal relationships (same age peers)		
35. Confirmed or suspected developmental delay		
36. Arrested, detained, or on probation		
37. Homicidal		
38. Gambling		
39. Avoids people, places or things		
40. Always seems jumpy or afraid		
41. Gets upset when remembering bad thing that have happened to him/her.		

PROBLEMS IN CHILD'S ENVIRONMENT	Within last month	Ever
1. Substance abuse and/or mental illness of biological parent(s)		
2. Substance abuse and/or mental illness of current caretaker(s) (if not living with biological parents)		
3. Substance abuse or mental illness of current household member (other than parent)		
4. Incarceration or arrest record of biological parent(s)		
5. Incarceration or arrest record of current caretaker (if not living with parents)		
6. Domestic violence		
7. Instability of residential arrangement, e.g., homelessness, multiple placements		
8. Psychosocial stressors, e.g., death, absence or loss of significant person in child's life and/or multiple life changes, serious illness in family, economic problems		
9. Inadequate or inappropriate parental supervision and/or discipline		
10. Suspected or confirmed victim of caregiver neglect, e.g. failure to provide food, shelter or clothing.		
11. Child has experienced traumatic event, e.g. flood, hurricane; frightening medical procedure; being or seeing someone severely injured (accident or assault); seeing a dead body or someone killed. Please explain _____ _____		

Submission of this form does not constitute a formal abuse report. As a mandated reporter, a screener is legally obligated to report suspected child abuse or neglect to DFS. (1-800-292-9582)

Any other problems not mentioned on this screen

NOTE: The screener should make a referral to outpatient services if there is a check anywhere on this screen and the client has not received treatment to fully address the issue.

Screener Signature _____ Date _____

Agency/Position _____ Telephone _____

Parent/Legal Guardian Signature _____ Date _____

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